

8-11-04  
**PART B - FEE(S) TRANSMITTAL**

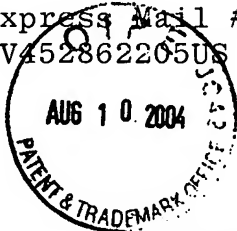
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**Robert D. Varitz** (Depositor's name)  
*Robert D. Varitz* (Signature)  
**August 10, 2004** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/001,949	11/13/2001	Ronald H. Selvester	PAN 311	8857

TITLE OF INVENTION: MYOCARDIAL INFARCT DETECTING, SIZING AND LOCATING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	09/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SCHAETZLE, KENNEDY	3762	600-509000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☒ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Jon M. Dickinson, P.C.**  
2 **Robert D. Varitz, P.C.**  
3

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Innovise Medical, Inc. Portland, Oregon**

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

**4a. The following fee(s) are enclosed:**

- ☒ Issue Fee  
☒ Publication Fee  
☐ Advance Order - # of Copies \_\_\_\_\_

**4b. Payment of Fee(s):**

- ☐ A check in the amount of the fee(s) is enclosed.  
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☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **02-0258** (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature) *Robert D. Varitz* (Date) **August 10, 2004**

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**08/12/2004 SHASSEN2 00000047 10001949**

**01 FC:2501 665.00 OP**

**08/12/2004 SHASSEN2 00000048 10001949**

**01 FC:1504 300.00 OP**

TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

Ronald H. Selvester

**Customer Number: 23855**

Attorney Docket: PAN.311 (J-INOV.1019)

Confirmation No: 8857

August 10, 2004

Serial No.: 10/001,949

Group #: 3762

Filed: November 13, 2001

Date of Notice of Allowance: June 29, 2004

For: Myocardial Infarct Detecting, Sizing and Locating

Examiner: Schaetzle Kennedy

MS ISSUE FEE c/o TECHNOLOGY CENTER 3700

Commissioner for Patents

P.O. Box 1450

Alexandria, Virginia 22313-1450

Sir:

**PAYMENT OF ISSUE FEE**

Enclosed for filing in the above-identified application are a completed copy of PTOL Form 85B, PTO/SB/122, a power of attorney in favor of the undersigned, and two PTO Form 2038 credit card authorizations in the amounts of \$665.00 + \$300.00, to pay the issue and publication fees, respectively.

Customer Number

Respectfully Submitted,

23855

ROBERT D. VARITZ, P.C.

Registration No: 31436

Telephone: 503-720-1983

Facsimile: 503-233-7730

Robert D. Varitz  
2007 S.E. GRANT STREET  
Portland, Oregon 97214

RDV:bd

enc.



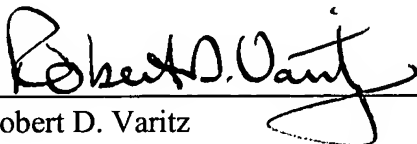
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"Express Mail" Mailing Label No.   
Date of Deposit - August 10, 2004

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Robert D. Varitz